

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

Final Report Development Grant 2003/2004

SUMMARY

The San Diego Long Term Care Integration Project (LTCIP) continues to progress toward integration through our three combined strategies (Network of Care, Physician, and Healthy San Diego Plus/Health Plan Pilots), as directed by the County Board of Supervisors. While each strategy represents a different level of integration of social and medical supports, they are intended to be complementary and to build upon each other. Our vision continues to be a system of chronic care management across health and social services, and across Medicare and Medi-Cal funding for those dually eligible.

Healthy San Diego Plus/Health Plan Pilots

Healthy San Diego Plus (HSD+) will be a fully integrated, voluntary, service delivery model, with a capitated payment from Medi-Cal, and from Medicare for the “dually eligible.” State Development Grants funds have been used to support work on this model, which is currently in the form of the Administrative Action Plan Final Draft for Healthy San Diego Plus (see Attachment A, Administrative Action Plan Final Draft). The HSD+ model plans to build on the “medical home” approach provided by Healthy San Diego (local Medi-Cal managed care) currently for moms and children, extended to include the broader array of services that become possible when Medi-Cal and Medicare are integrated.

Healthy San Diego Plus is the most comprehensive of the three strategies to be tested and is expected to be most effective in creatively meeting the needs of aged and disabled beneficiaries (see pages 9 & 10 for descriptions of other two strategies). The HSD+ model can take full advantage of the ability to improve consumer benefits by pooling Medicare and Medicaid funding, minimizing administrative barriers, eliminating cost shifting incentives, and offering care coordination support to consumers to help them better use community-based social and medical care. HSD+ also addresses many local stakeholder issues such as voluntary enrollment rather than mandatory, care management provided by the aging network, and both Medicare and Medi-Cal capitation rates paid to one contractor.

Stakeholder consensus was gained at the June 9, 2004 Planning Committee meeting to support moving forward with developing all three integration strategies and to accept the AAP draft as a working blueprint to continue planning HSD+. These items were also approved to forward to the Board by the Long Term Care Integration Project Advisory Group on June 30, 2004. A Board letter is docketed for July 13, 2004 to gain Board support and approval to continue development of all three strategies, to accept the AAP draft for HSD+, and to authorize application for and acceptance of funds to support all three strategies.

Other key activities during this grant period include:

- Continued regular Planning Committee meetings
- Continued staff and stakeholder education and research review regarding local, state and national LTCI issues, developments and current integration models

(Attach additional pages as required.)

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

- Development of recommendations for including mental health and substance abuse services and populations in LTCIP
- Continued work and strategy development for new Community Education Workgroup
- Continued regular updates to Health Services Advisory Board, Healthy San Diego Joint Consumer and Professional Committee and other community groups and stakeholders with a vested interest in long term care integration for San Diego's elderly and disabled

Next Steps:

- Board of Supervisor approval (July 13, 2004)
- Secure additional funding to complete the necessary pre-implementation activities
- Continue to analyze and address environmental changes and new developments related to LTCIP
- Continue stakeholder education and involvement in the decision-making process
- Continue planning and development activity for all three strategies

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

Goal Number: 1	Goal: Continue and enhance stakeholder involvement and interest in the planning and development of LTCIP and the Administrative Action Plan (AAP)
Describe the key activities achieved during the reporting period. Be specific about what has been achieved.	
<ul style="list-style-type: none">• Continued regular Planning Committee meetings• Continued regular updates to Health Services Advisory Board, Healthy San Diego Joint Consumer and Professional Committee and other community groups and stakeholders with a vested interest in long term care integration for San Diego's elderly and disabled• Hired two expert consultants to assist LTCIP staff and stakeholders in developing an AAP for HSD+ (see goal #2 for more detail)• Received feedback from approximately 100 stakeholders on Draft AAP; revised AAP based on stakeholder input; completed AAP final draft for HSD+ (see goal #2 and Attachment A for more detail)• Gained stakeholder consensus to support moving forward with developing all three integration strategies and to accept the AAP draft as a working blueprint to continue planning HSD+• Continued LTCIP staff and stakeholder education regarding local, state and national LTCI issues and developments and their impact on San Diego and California• Planning Committee members revised, approved and forwarded Mental Health & Substance Abuse Workgroup recommendations on inclusion of mental health and substance abuse services and populations in LTCIP. Recommendations ratified by LTCIP Advisory Group June 2004.• Continued strategy development and research on best practice models in health education/self-care management for new LTCIP Community Education Workgroup• Formally introduced and initiated Community Education Workgroup May 2004	
Explain how each activity meets and supports the goal/objective. Explain how each activity leads to achieving that goal/objective. Be specific.	
<ul style="list-style-type: none">• On-going stakeholder input to the decision-making process is critical to the continued progress and success in the planning and development of LTCI in San Diego as it insures stakeholder buy-in, a program that meets community need, and sustainability due to "ownership" by many who assisted in its development.• Consensus building is a broad participative approach that allows stakeholders to be proactive in building agreement toward LTC integration in San Diego	

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Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

- Expert consultants have national experience and knowledge of specific program development issues experienced by other large counties and states that have implemented and/or are in the process of developing integrated systems of care for aged and disabled individuals eligible to Medicaid and/or Medicare.
- Regular LTCIP updates and experts provide continuous education, better understanding of LTCI issues at the local, state and national levels and helps to sustain stakeholder momentum and interest in San Diego LTCIP planning and development. Continuous education and easily accessible LTC information also enables stakeholders to make more timely and informed decisions regarding all aspects of LTCIP.
- Expansion of LTCIP stakeholder group to include key representatives from the mental health and substance abuse communities demonstrates a willingness and commitment to work with the full range of local community groups, providers and consumers. The recommendation development process is consistent with the stakeholder decision-making process of the last 5 years and shows that the project continues to take proactive steps to continue to address local issues and key components of a fully integrated delivery system.
- Broad public health education is a necessary component of any successful integration program. The establishment of the LTCIP Community Education Workgroup recognizes the need to develop and incorporate appropriate messages and strategies that support improved chronic care management, communication, linkages, and delivery of services between consumers and providers and across all services and settings.

Describe the measurable outcomes completed during the reporting period. Be specific.

- See Goal #2 for more detail on consultant team support of Health Plan Pilots Strategy and development of AAP for HSD+.
- LTCIP staff attended various conferences and meetings during this reporting period on important LTC issues including, but not limited to:
 - LTCIPP Grantee meeting in Sacramento on January 7, 2004 to discuss information technology and the elements to include in the AAP
 - State Medi-Cal Redesign Workgroups in Los Angeles and Sacramento (March 17 and April 1, 15 and 27).
 - Medicare/Medicaid Integration Program Meeting at the University of Maryland (May 12-13, 2004)
 - AcademyHealth annual colloquium, "Building Bridges: Making a Difference in Long-Term Care" (June 5, 2004)
- Consultant team members made regular visits to San Diego to present to Planning Committee and meet with key stakeholders
- Staff continued to meet with various community groups to educate and receive feedback about LTCIP activity and AAP

- Staff continued to broadcast messages to 600+ stakeholders via LTCIP website, email and mass mailings
- Planning Committee met formally in February, March, April, May and June:
 - ◊ February 11, 2004–Project update and overview of three-strategy development and AAP components; official introduction of consultant team
 - ◊ March 9, 2004 – Update on state legislative developments and Medi-Cal Redesign; presentation, discussion and consensus development of Mental Health & Substance Abuse Workgroup recommendations led by Workgroup Chair, Dr. Margaret McCahill
 - ◊ April 14, 2004 – Project update; presentation and discussion of first AAP draft
 - ◊ May 4, 2004 – Update on project activity, Medi-Cal Redesign, state legislative bills and new federal chronic care improvement demonstrations. AoA Aging and Disability Resource Center Award announcement; Community Education kick-off; Network of Care presentation by Trilogy Associates representative
 - ◊ June 9, 2004 – Presentation, discussion and consensus development of revised AAP draft

The project is bringing out Steve Landkamer, Project Manager, Wisconsin Partnership Program, in July to offer his expertise and insight on how integration can improve care for the elderly and disabled.

- LTCIP Advisory Group met on June 30, 2004 to ratify Planning Committee recommendations to continue development of all three strategies and to accept the AAP draft as a working blueprint to continue planning HSD+.
- MH & SA workgroup voted (1/7/04) to forward recommendations to Planning Committee for further consensus development. On March 9, 2004, the group reached consensus on the recommendations after making minor modifications. LTCIP Advisory Group ratified the following set of recommendations:
 1. Mental health and substance abuse services should be included in LTCIP, beginning phase-in with the 65 year old and older population.
 2. Persons under 65 with severe and persistent mental illness and/or substance abuse issues are phased in to LTCIP at a later date when the collection of stakeholder concerns has been addressed satisfactorily.
 3. Depression, mental health and substance abuse screening should be included in LTCIP risk screening.
 4. Research on successful behavioral health models should be continued for the 65+ to insure a policy of parity between general medical care and behavioral health services at initial implementation. This will also be done for the under 65 when phase-in for this group is implemented.
 5. LTCIP should protect existing funding principles for physical, mental health and substance abuse services, as a step toward delivering effective, integrated services.
 6. State contracting language should allow psychiatrists to serve some primary care functions for persons with a primary diagnosis of mental illness.

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

- Community Education Workgroup: Continued research on best practice models in public health prevention and chronic/self care management; Held kick-off meeting on May 4, 2004 to formally introduce concept and solicit stakeholder participation.

Evaluate each key activity and measurable outcome. Explain how these activities and outcomes are leading to achieving the proposed goals/objectives of the development grant.

- Regular LTCIP meetings, stakeholder communication, community presentations, research/education activities, and collaboration with national, state and local experts allows for on-going input regarding stakeholder concerns, planning appropriate next steps for LTCIP and progressing toward integration through our three combined strategies. Allowed for stakeholder input on AAP, completion of AAP draft for HSD+ and unanimous stakeholder approval to continue developing all three integration strategies and to accept the AAP draft for HSD+
- Mental Health & Substance Abuse Workgroup was successful in developing recommendations on how to include mental health and substance abuse services and populations in LTCIP. Stakeholders dedicated over 200 hours to the recommendation development process; Approval and ratification by LTCIP Planning Committee and Advisory Group demonstrates broad stakeholder consensus; Recommendations address critical elements of AAP and will serve as guiding principles in preparing for and implementing LTCIP.
- Research and worked related to the LTCIP Community Education Workgroup recognizes the need to develop and incorporate appropriate messages and strategies in LTCIP that support improved chronic care management and delivery of services across all services and providers.
- Participation in Medi-Cal Redesign Stakeholder Workgroups will help to insure that the vision of a better system of chronic care management is well represented during discussions to reform Medi-Cal. Two LTCIP Planning Committee members presented on LTCI at the last workgroup meeting and received positive feedback from State staff and other workgroup participants.
- Participation and presentation at the MMIP program meeting provided opportunity to network with leading experts in field, increase awareness of SD LTCIP to various federal agencies and national leaders in long term care integration, and increase staff knowledge base and understanding of current national integration models

Explain what you have learned from the activity and how this will lead you to the full continuum of LTCI.

Unanimous stakeholder approval to continue developing all three integration strategies and to accept the AAP draft for HSD+ demonstrates that stakeholders are still committed to the vision of full long term care integration. Because of the challenges that face such radical system change, San Diego is engaged in parallel planning to develop complementary long term care integration strategies that will help San Diego progress toward this vision. Stakeholders also agree that mental health and substance abuse

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

services be included in LTCIP, but also recognize the complexities of serving this population and the need to proceed with caution when pursuing with LTCP implementation. Mental health and substance abuse population and services discussed in AAP for inclusion in phase subsequent to start-up.

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

Goal Number: 2	Goal: Develop a detailed Administrative Action Plan to guide in preparing for and implementing LTCIP
Describe the key activities achieved during the reporting period. Be specific about what has been achieved.	
<p>State grant funds were used to support the HSD+/Health Plan Pilots Strategy, a fully integrated long term care strategy for San Diego's aged, blind and disabled beneficiaries:</p> <ul style="list-style-type: none">• Hired two contractors to assist LTCIP staff and stakeholders in drafting, revising and completing AAP for HSD+. The Program Development contract was awarded to Dr. Mark Meiners of SumSal Associates, Inc; the AAP contract was awarded to Mercer Government Human Services Consulting.• LTCIP staff, Sara Barnett, was also retained on a full time basis throughout the entire grant year to assist in team development of AAP and carry out day-to-day responsibilities for the coordination, planning and completion of key tasks and activities related to this strategy• Consultant team provided on-going leadership, strategic planning assistance and expertise to staff and larger Planning Committee• Completed AAP final draft for HSD+ (see Attachment A)	
Explain how each activity meets and supports the goal/objective. Explain how each activity leads to achieving that goal/objective. Be specific.	
<p>Expert consultants have national experience and knowledge of specific program development issues experienced by other large counties and states that have implemented and/or are in the process of developing integrated systems of care for aged and disabled individuals eligible to Medicaid and/or Medicare.</p> <p>Consultant expertise and assistance was instrumental in addressing stakeholder feedback to AAP, completing the detailed AAP final draft, and providing on-going leadership to the larger stakeholder group. Continued expert advice and analysis will be essential in assisting staff and stakeholders to revise and modify AAP, as needed, and to complete necessary pre-implementation activities.</p> <p>Given the increased demands and expanding scope of work related to Healthy San Diego expansion, additional staff support was essential in completing activities and meeting the goals/objectives of this strategy.</p>	
Describe the measurable outcomes completed during the reporting period. Be specific.	
<p>Staff provided LTCIP stakeholders with regular project updates via electronic mail, U.S. postal mail, various community meetings and formal LTCIP meetings (see Goal #1 for more detail).</p> <p>Consultant team communicated on a regular basis via email, phone and face-to-face meetings to analyze changing environmental conditions, strategically plan next steps for LTCIP and HSD+ and complete the AAP final draft.</p>	

(Attach additional pages as required.)

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

The '03-04 consultant team held its kick-off meeting on January 12, 2004 to discuss AAP strategy development. Conference calls and email discussions occurred a regular basis throughout this reporting period. Team members also attended Planning Committee meetings in February, March, April and June.

Administrative Action Plan for fully integrated model published and distributed to all LTCIP stakeholders April 7; Planning Committee members met on April 14 to formally discuss draft AAP and provide feedback; staff and consultants used May and June to communicate with key stakeholders regarding AAP feedback; stakeholder input was reflected in revised AAP.

Stakeholder consensus and approval was gained at the June 9, 2004 Planning Committee meeting and June 30th LTCIP Advisory Group meeting to continue developing all three integration strategies and to accept the AAP draft for continued development of HSD+.

Final AAP Draft completed June 10, 2004 and forwarded to State Office of Long Term Care

Board letter is docketed for July 13, 2004 to gain Board of Supervisor support and approval to continue development of all three strategies, to accept the AAP draft for HSD+, and to authorize application for and acceptance of funds to support all three strategies

Evaluate each key activity and measurable outcome. Explain how these activities and outcomes are leading to achieving the proposed goals/objectives of the development grant.

The AAP represents consensus from five years of planning activity on the part of hundreds of stakeholders that have dedicated some 15,000 hours to plan for an improved system of care for San Diego's elderly and disabled resident.

The HSD+ model addresses many local stakeholder issues such as voluntary enrollment rather than mandatory, care management provided by the aging network, and both Medicare and Medi-Cal capitation rates paid to one contractor.

The system represents "one payor", "one-stop" coordinated access to primary, acute, and LTC with great flexibility to develop individual care plans

HSD+ responds to the Olmstead Decision to use public resources for care chosen by the consumer

HSD+ allows the flexibility to create individualized care plans that support enrollees and caregivers in the community by avoiding unnecessary hospital, emergency room and nursing home care

Highlights of AAP include:

- ◇ Begin voluntary enrollment July 2006 for those 65 years+, dually eligible or Medicaid-only beneficiaries (with the intention of expanding to include the

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

younger disabled at a later date when the collection of stakeholder concerns has been addressed satisfactorily)

- ◇ All Medicare and Medi-Cal state plan services plus value-added home and community-based services
- ◇ Combined Medicare & Medicaid capitated rate
- ◇ Care management team for those with complex care needs includes a community-based social worker; care manager & enrollee at “hub” of system
- ◇ Provider Networks sub-contract for care mgmt w/ AIS and/or community-based organizations; joint development of standards
- ◇ Provider network at financial risk, but rates developed on expenditure data, care setting, and level of frailty of the enrollee

Explain what you have learned from the activity and how this will lead you to the full continuum of LTCI.

LTCIP has made great progress due to the work and of the FY 03-04 consultant team and the on-going contributions and participation of project stakeholders. Stakeholder approval to accept the Administrative Action Plan draft for HSD+ demonstrates that stakeholders are committed to the vision of full long term care integration. The plan provides LTCIP with a detailed understanding of the most feasible place to start to develop a care management model across the health and social service continuum that will allow for integration of Medicare and Medi-Cal funding and services at full implementation under the Healthy San Diego model and puts San Diego in a position to move from planning to implementation.

The goal for HSD+ is to begin incremental start-up on a voluntary basis in July 2006. However, additional funding is needed to allow San Diego to complete necessary pre-implementation activities over the next two years in preparation for start-up. Resources required to move from the planning of HSD+ to implementation have been estimated based on the experience of HSD implementation. Resources required for the first pre-implementation year are estimated at \$550,000 and \$750,000 for year two. San Diego will look to the state for support, and perhaps matching funds, to approach foundations for these resources. LTCIP staff and consultants continue to monitor and analyze recent developments at the state legislature with SB 1671 and proposed budget bill language, which currently offer the greatest opportunity for supporting SD LTCIP pre-implementation activity over the next two years.

Local County Activity in addition to those reimbursed by OLTC funding:

As directed by the Board of Supervisors, LTCIP continues to progress towards integration through our three combined strategies.

Network of Care

This is not a service delivery option, but rather supports an integrated information and communication system building upon the County’s investment with Trilogy Associates to import local information to the Network of Care, a website designed for older adults and

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Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

people with disabilities. In July 2003, LTCIP staff worked with the California Department of Aging (CDA) to complete a federal grant proposal to support the LTCIP Network of Care Strategy. On April 16, 2004, U.S. Department of Health and Human Services announced that CDA was among the grantees selected in the second round of funding for the "California Aging and Disability Resource Center Initiative." The \$610,000 three-year grant will provide San Diego County with resources to: 1) improve user-friendly information on health and social services for consumers, caregivers, and providers; 2) enhance the use of the system as a communication tool, including for the two LTCIP service delivery strategies (Physician Strategy and Health Plan Pilots); and 3) develop a warehouse of information on self-care management, healthy lifestyle choices, and other information to improve quality of life. The grant period begins July 1, 2004.

Physician Strategy (Managed Fee-For-Service)

For the Physician Strategy, LTCIP was awarded a planning phase grant of \$142,000 from the California Endowment to begin formalized focus group discussions with physicians, consumers, caregivers and community-based providers to work towards improving the delivery of chronic care services, including Medicare and Medi-Cal benefits, as provided by a physician and supported by community resources and relationships under fee-for-service healthcare reimbursement. The kick-off meeting for this strategy was held February 11, 2004. Subsequent planning, communication and meetings with stakeholders continue on a regular basis. The Physician Strategy has also partnered with PacifiCare Health Systems to help educate the San Diego community about PacifiCare's recently awarded federal Disease Management Demonstration Project, which offers eligible consumers an immediate opportunity for improved care management. The deliverable for this strategy is an Implementation Plan that will be brought to the Board mid-2005 for approval and subsequent submittal to the Endowment for implementation funding.

The three LTCIP strategies taken together present a continuum of chronic care management choice:

- To remain in the current fee-for-service system with improved access to health and social service resources, with a plan for enhanced communication tools;
- To choose an improved fee-for-service system where providers are incentivized to improve chronic care outcomes with better resource information and enhanced communication;
- To choose a fully integrated model wherein capitation of acute and long-term care expenditures provides the flexibility and incentive to substitute home and community-based care for acute services, along with improved resource information and communication.

The three strategies work alone and together to improve San Diego's ability to meet the needs of the increasing elderly and disabled population. They all serve to improve the health and social service delivery system and shift the emphasis from symptom management to chronic care management and improved quality of life.

In a parallel but independent effort, Evercare is interested in working with the State to procure a Medi-Cal contract that would wrap around and complement the capitated Medicare Disease Management Demonstration Project that was recently awarded to their organization in San Diego by the Centers for Medicare and Medicaid Services.

Grantee Name: San Diego Health & Human Services, AIS, LTCI

Grant Number: 03-75463

Time Period Covered: January 1, 2004 through June 30, 2004

The pilot will not mirror Healthy San Diego Plus, but will provide the ability to evaluate the impact of an integrated pilot locally. Such a pilot has been supported by LTCIP stakeholders who are anxious to “get started”, even with a small pilot. If implemented, the Evercare pilot would not seek local resources, but would pool a Medicare and Medi-Cal capitated rate for those who volunteer to enroll in the pilot.

BUDGET NARRATIVE

LTCIP staff received approval from both the State and the County for a spending plan regarding the State’s \$150,000 Development Grant. Under Personnel, Evalyn Greb, Project Manager, devotes 50% of her time as an in-kind contribution from the County of San Diego. LTCIP staff, Sara Barnett, has been retained on a full time basis throughout the entire grant year. Other expenditures for this grant period include travel and per diem and other indirect costs such as room rental fees and interpretation services for LTCIP stakeholders. LTCIP staff continued to track time and expenditures for County only activity and State Development Grant matching fund activity.

The local project also secured contracts with two expert consultants (Dr. Mark Meiners of SumSal Associates, Inc. and Mercer Government Human Services Consulting) to assist in developing the Administrative Action Plan for HSD+. State grant funds were expended during the 3rd and 4th quarters for this consultant work. Monthly Expenditure Reports for the 3rd and 4th quarters are not attached to this report, as they are currently being processed by County Fiscal; copies of all invoices and monthly expenditure reports will be forwarded to OLTC staff within the next 30 days, with a detailed Budget Narrative.